



CITY OF SUGAR LAND
Permits & Inspections Department

MECHANICAL PERMIT APPLICATION

APPLICATION # _____

PROJECT ADDRESS: _____

PROJECT NAME/OWNER: _____

VALUATION AMOUNT: \$ _____

HVAC COMPANY NAME: _____ PHONE: () _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HVAC LICENSE HOLDER: _____ LICENSE #: _____

DESCRIPTION OF WORK: _____

Fee Schedule: Base Permit Fee \$30.00 plus the \$8.00 for each \$1,000 in value thereafter.

PAY BY ESCROW ACCOUNT ☐

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE